

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	<u>A SYSTEM FOR A MULTIPLACE COTS STRUCTURE</u>
Attorney Docket Number::	MAZZA1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Tommaso

Middle Name::  
Family Name:: MAZZA  
Name Suffix::  
City of Residence:: Teramo  
State or Province of Residence::  
Country of Residence:: Italy  
Street of Mailing Address:: Via Armando Diaz, 8  
City of Mailing Address:: Teramo  
State or Province of Mailing Address::  
Country of Mailing Address:: Italy  
Postal or Zip Code of Mailing Address:: I-64100  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Alfredo

Middle Name::  
Family Name:: SALERNI  
Name Suffix::  
City of Residence:: Reramo  
State or Province of Residence::  
Country of Residence:: Italy  
Street of Mailing Address:: Via Cesare Averardi, 5  
City of Mailing Address:: Reramo  
State or Province of Mailing Address::  
Country of Mailing Address:: Italy  
Postal or Zip Code of Mailing Address:: I-64100

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

This Application

National Stage of

PCT/IT02/00352

05/31/02

**Foreign Priority Information**

Country::

Application Number::

Filing Date::

Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::